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CONFIRMATION NO. 2562

<b>SERIAL NUMBER</b> 10/765,508	<b>FILING OR 371(c) DATE</b> 01/26/2004 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3766	<b>ATTORNEY DOCKET NO.</b> A04P1007
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## APPLICANTS

Mark W. Kroll, Simi Valley, CA; *verified KPM*

## \*\* CONTINUING DATA \*\*\*\*\*

*none KPM*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*none KPM*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

05/01/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 19	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Kroll</i> Examiner's Signature <i>Mullen</i> Initials				

## ADDRESS

36802

## TITLE

Implantable ischemia and myocardial infarction monitor and method

<b>FILING FEE RECEIVED</b> 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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